

DEPARTMENT OF PERSONNEL ADMINISTRATION

ARNOLD SCHWARZENEGGER, Governor

MEMORANDUM



DATE: August 2005

TO: State Employees Eligible for Dental, FlexElect, or Consolidated Benefits

FROM: Department of Personnel Administration

Benefits Division

SUBJECT: 2005 Open Enrollment for Dental, FlexElect, and Consolidated Benefits

Programs, 2006 Dental and Vision Plan Premiums, and CoBen Allowances

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) is **September 15, 2005 through October 15, 2005**. If you want to enroll in these benefit programs or make a change to your current enrollment, contact your Personnel Office for the necessary forms.

Open enrollment forms must be signed and submitted to your Personnel Office no later than October 15, 2005. All open enrollment actions will be effective January 1, 2006.

Note: October 15, 2005 is a Saturday, so the deadline will be extended to Monday October 17, 2005.

You don't need to submit anything if you're not making any changes in your dental coverage or cash options. Permanent Intermittent employees who want to continue receiving the cash option must re-enroll. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment.

If you enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period or if you are automatically re-enrolled in the FlexElect/CoBen Cash Option, you have until December 31, 2005, to cancel your enrollment or make changes.

DENTAL BENEFITS

Your dental plan options are listed below. Contact your Personnel Office for a brochure, list of participating dentists, and cost comparison, or call the dental plans. You may also obtain brochures and listings of participating dentists' by accessing each plan's Web site at the addresses listed below.

Delta Dental Plans

Delta Premier and Delta Preferred Provider Option (PPO) 1-800-225-3368 www.deltadentalca.org/state

Prepaid Dental Plans

PMI 1-800-422-4234

www.deltadentalca.org

SafeGuard Dental Plan 1-800-880-1800

www.safeguard.net

Delta Dental 2006 Premiums

Delta Dental premiums will increase for the Delta Premier and Delta Preferred Provider Option (PPO) dental plans effective January 1, 2006.

Impact on Employees Not in Consolidated Benefits (CoBen)

Employees not in CoBen, who are enrolled in either the Delta Premier or PPO plan, will see an increase in their out-of-pocket premium on their January 1, 2006, pay warrants (December 2005 pay period). The State's share of the premium will also increase.

Impact on Employees in Consolidated Benefits (CoBen)

Represented employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in CoBen. Employees in CoBen pay the total dental premium with their CoBen benefit allowance. For employees enrolled in the Delta Premier or PPO plan, the increased dental premium will be deducted from their monthly CoBen allowance on their January 1, 2006, pay warrants (December 2005 pay period). See pages 4, 5, and 6 for information on 2006 CoBen allowances.

The following charts show Delta's new dental premiums that go into effect January 1, 2006.

Delta Dental Premier Basic Plan for Represented Employees:

Coverage	2006 Total <u>Premium</u>	State Share	2006 Employee <u>Share</u>	Employee Share Increase
Employee only	\$46.72	\$35.04	\$11.68	\$0.32
Employee plus one dependent	\$82.30	\$61.73	\$20.57	\$0.57
Employee plus two or more dependents	\$119.40	\$89.55	\$29.85	\$0.85

Delta Dental Premier Enhanced Plan for Excluded Employees:

<u>Coverage</u>	2006 Total <u>Premium</u>
Employee only	\$48.63
Employee plus one dependent	\$96.77
Employee plus two or more dependents	\$136.17

Delta Dental Preferred Provider Option (PPO) for Excluded and Represented Employees:

<u>Coverage</u>	2006 Total <u>Premium</u>	State <u>Share</u>	2006 Employee <u>Share</u>	Employee Share Increase
Employee only	\$41.01	\$30.76	\$10.25	\$1.06
Employee plus one dependent	\$80.48	\$60.36	\$20.12	\$0.58
Employee plus two or more dependents	\$121.49	\$91.12	\$30.37	\$0.88

Prepaid Dental Plan 2006 Premiums

Premiums for PMI and SafeGuard will increase effective January 1, 2006. However, the State will continue to pay 100 percent of the premium for employees not in Consolidated Benefits (CoBen). For employees in CoBen, the State share and employee share do not apply, therefore the increased dental premium will be deducted from the monthly CoBen allowance on their January 1, 2006 pay warrants (December 2005 pay period). Prepaid dental plans premiums are reflected on the next page.

Coverage	SafeGuard Standard	SafeGuard Enhanced	<u>PMI</u>
Employee only	\$14.74	\$14.42	\$16.91
Employee plus one dependent	\$23.88	\$24.41	\$27.74
Employee plus two or more dependents	\$33.45	\$30.07	\$38.37

Union-Sponsored Dental Plans: Bargaining Units 5 and 6

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members; however members may opt to enroll in a Statesponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members.

Employees in BU 5 and 6 should contact their Benefit Trust for information on their unionsponsored dental plan premiums and benefits.

CONSOLIDATED BENEFITS (CoBen)

All excluded employees and employees represented by Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are in CoBen. The State provides you a benefit allowance to purchase health, dental, and vision benefits. If the total cost of the plans you choose is less than your CoBen allowance, you receive the difference as taxable income. If the total cost of the plans is more than the CoBen allowance, the difference is deducted from your paycheck pre-tax.

If you have health and dental coverage through another source, you may enroll in the CoBen Cash Option. These amounts are \$155 a month in-lieu of health and dental coverage, and \$130 a month in-lieu of health coverage only. To enroll in a CoBen Cash Option, complete a STD. 702 Consolidated Benefits (COBEN) Cash Enrollment Election during open enrollment. The 2006 CoBen allowances are reflected on the pages 5 and 6.

Rank and File Employee CoBen Allowance

The allowances for rank and file employees are subject to change through collective bargaining. Check the DPA Web site or specific bargaining unit Web site for any updates. Effective January 1, 2006, the CoBen allowances for employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are as follows:

Unit 2 Employee only	2004/2005 \$266	2006 \$266
Employee plus one dependent	\$515	\$515
Employee plus two or more dependents	\$679	\$679

The CoBen allowances for BU 7 employees first enrolled in health benefit coverage <u>before</u> January 1, 2006 are as follows:

Unit 7 Employee only	2005 \$266	2006 \$365
Employee plus one dependent	\$515	\$696
Employee plus two or more dependents	\$679	\$906

The CoBen allowances for BU 7 employees first enrolled in health benefit coverage <u>on or after</u> January 1, 2006 are as follows:

Unit 7 Employee only	2006 \$365	
Employee plus one dependent	\$544	
Employee plus two or more dependents	\$663	
Units 8, 16, and 19 Employee only	2005 \$327	2006 \$365

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Unit 17 Employee only	2005 \$327	2006 \$346
Employee plus one dependent	\$633	\$677
Employee plus two or more dependents	\$824	\$887
Unit 18 Employee only	2005 \$266	2006 \$327

The CoBen allowance for <u>Excluded</u> employees is determined by DPA. Effective January 1, 2006, the CoBen allowances for all excluded employees are as follows:

Excluded Employee CoBen Allowance

Employee only	2005 \$328	2006 \$367
Employee plus one dependent	\$643	\$707
Employee plus two or more dependents	\$836	\$918

CoBen Calculator

If you are going to make a change in your benefit choices during the open enrollment period, you may want to use the CoBen Calculator on DPA's Web site, which will help you determine how much will be deducted from your paycheck, or added to it, based on which health and dental plans you choose. You simply click on your health and dental plan choices, and how many dependents will be covered.

The calculator automatically computes the total cost of the benefits you select and subtracts them from the CoBen allowance. The result shows whether you will have a monthly benefit deduction or receive extra cash. There are two separate calculators, one for excluded employees and another for rank and file employees in bargaining units 2, 7, 8, 16, 17, 18, and 19. The CoBen calculator is located at www.dpa.ca.gov (click on Benefits, then Consolidated Benefits, and scroll down to the link for the calculators).

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FLEXELECT

If you have health and/or dental coverage through another source, you can opt for cash in-lieu of your State-sponsored benefit. The FlexElect Cash Option is \$128 a month for health and \$12 a month for dental.

FlexElect also offers reimbursement accounts that allow you to use pre-tax salary to pay for dependent care and/or medical bills that aren't covered by insurance. For details, refer to the FlexElect Handbook that is available on DPA's Web site at www.dpa.ca.gov (click on "Benefits", then FlexElect Reimbursement Accounts).

To learn more about Dental, FlexElect and CoBen, or for questions regarding the 2005 open enrollment period, please contact your Personnel Office. You may also visit our Web site at www.dpa.ca.gov (click on "Benefits").